

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000033069

FILED  
Jul 16, 2002  
Secretary of State

Entity Name: PIPELINE NETWORKS INC.

## Current Principal Place of Business:

6791 MAIN STREET  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

2385 EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431

## Current Mailing Address:

6791 MAIN STREET  
MIAMI LAKES, FL 33014

## New Mailing Address:

2385 EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSCHALL, MICHAEL  
6791 MAIN STREET  
MIAMI LAKES, FL 33014

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARSCHALL, MICHAEL  
Address: 6791 MAIN STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: MARSCHALL, MICHAEL  
Address: 6791 MAIN STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D/V ( ) Change (X) Addition  
Name: SMOOT, SHAUN  
Address: 22341 SEA BASS DRIVE  
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MARSCHALL

D/P

07/16/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date